File with:

lowa Ethics and Campaign

Disclosure Board 510 E. 12^a, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, ell statements and reports for State PACs and State Parties must be filed electronically. ResetsForm

LAMPAIGN DISCLOSURE BE

2010 JAN 19 AM 6: 56

COMMITTEE NAME (Must be same as on Statement of Or	ganization)			
Committee to Elect Raymond "Tony" Ambrose		[FORM	<u> </u>
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Can Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot tissue	**************************************		DR-2 (Rev. 12/2009) For Office Use On	
CANDIDATE COMMITTEES ONLY: Candidate Name Raymond "Tony" Ambrose Office Sought 4th Ward Davenport City Council	Political Party (if applicable) District (If Senate or House)		Scanned	
Late reports are subject to possible civil and criminal penalties. B	ursuant to lows Code sections 68B.32A		5A.401(3), the car	didate, for a
candidate's committee, and the chairperson, for any other type of	(563)322-1330 TELEPHONE	for filing	day le	2010
I AM FILING A January 19, 2010	REPORT FOR (1) ELECTION	/(2)NON	-ELECTION YEA	VR.
(report date)	Indicate by #	_		
CHECK IF AMENDMENT TO REPORT DATED		Local Con	nmittees, enter Dat	e of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3,	Novemb County &	per 3, 2009 Local Committees. Stion is held	
STATEMENT OF CASH ON HAN	D			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the tast reporting period or must be zero if this is to	CASh on hand at the end		71.50	
ADD TOTAL MONEY TAKEN IN THIS PERIOD		·		
Schedule A: Cash Contributions total (Attach Sched	Jule A) (*also see in-kind below)		1,570.00	
Schedule F: Loans Received total (Attach Schedule	F)			
Schedule H: Total Sales of Campaign Property (Att	ach Schedule H)			
(Schedule H applies to Candidates' Com	mittees Only)			
	SUB-TOTAL	\$	1,641.50	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below)		••	
Schedule F: Loan Repayments total (Attach Schedu	16 F)			
CASH ON HAND at the end of this reporting period (if final re	port balance must be zero)	S	1,641.50	
"UNPAID BILLS (From Schedule D - Attach Schedule D)	***************************************	2		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	dule E)	S		
OUTSTANDING LOANS (From Schedule F - Attach Schedu	Jle F)	2	1,755.85	
CONSULTANT BREAKDOWN (Schedule G Atlactied?)			YES V	10
CANDIDATE COMMITTEES ONLY:		-		
VALUE OF CAMPAIGN PROPERTY (From Schodule H - Atta	ich Schedule H)	\$	0.00	
STATE COMMITTEES: Submit a reconciled campaign accou	nt bank statement in January of com-			

Resel Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Raymond "Tony" Ambrose

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NOING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC (D NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT REÇEIVED	√ IF FOR FUND- RAISER INCOME
8/19/09	ID# CK#	Lori & David Burrows 1750 Rosemount Street Dubuque, IA 52002		\$25.00	
8/19/09	ID# CK#	Patricia & Lyle Haakenson 4128 N. Lincoln Avenue Davenport, IA 52806		\$25.00	
8/19/09	ID# CK#	Paul Janecek 4332 W. 30th Street Davenport, IA 52804		\$25.00	
8/18/09	ID# CK#	Mona Martin Davenport, IA		\$25.00	
8/18/09	ID# CK#	Domenic Giammetta 7627 Northwest Blvd. Davenport, IA 52806		\$100.00	
8/20/09	ID# CK#	John & Shirley Wendhausen 2820 W. 44th Street Davenport, IA 52806		\$40.00	
8/20/09	ID# CK#	Marjoric Kimmel 40 Kenwood Avenue Davenport, IA, 52803		\$100.00	
8/26/09	ID# CK#	Bob McGcc 1226 N. 2nd Street Clinton, IA 52732		\$10.00	
8/23/09	CK#	Duncan Cameron One Oak Park Drive Bettendorf, IA 52722		\$25.00	
8/26/09	ID# CK#	Vernon & Judith Murdock 2408 Scott Street Davenport, IA 52803		\$100.00	
Ì	***************************************	TOTAL (If last pages to disclose the relationship of any relative making a contribu	\$UB-TOTAL ge of this schedule)	\$ 475.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by farmilial relationship, enter "not applicable" in the relationship column.

Page 1 2 (for Schedule A)

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		_	CK THIS BOX IF
Committee to Elect Raymond "Tony" Ambrose			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE SQARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL. THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
9/4/09	10# CK#	J.W. Koehler 2716 W. Central Park Davenport, IA 52804		\$250.00	
9/5/09	ID# CK#	Arlene Jens 2123 Vine Street Davenport, IA, 52804		\$35.00	
8/24/09	ID# CK#	Kathleen Twyner 121 W. Locust Street, Suite 309 Davenport, IA 52803		\$20.00	
9/12/09	ID# CK#	Elizabeth Hodges 1707 E. 11th Street Dayonnort, IA 52803		\$20.00	
9/12/09	CK#	Mike & Diane Manning 4225 Oak Grove Court Valparaiso, IN 46383		\$50.00	
9/18/09	CK#	A.J. VanCamp 4329 Edwards Court Davenport, IA 52807		\$20.00	
10/20/09	CK#	Stove Schalk 310 Main Street Davenport, IA_52801		\$200.00	
10/27/09	ID# CK#	J. Rain 3108 W. Central Park Dayenport, IA 52804		\$500.00	
	CK#				
	ID# CK#			:	
			SUB-TOTAL	\$ 1,095.00	

TOTAL (If last page of this schedule)

Page 2 of 2 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any rotative making a contribution to the committee. Relationship must be shown to the third degree of consequently (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

5633220640

TO: 15152814073

INSTRUCTIONS, SEE	be same as on Statement of Organization)	RESET	SCHEDULE F	LOAN
•	mond "Tony" Ambrose			RECEIV L REPA
•	rts money loaned to the committee which is deposited in ROM LAST REPORTING PERIOD \$ 1755,85	the committee account.	CHECK THE AMENDING	
(Original source of	ANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include loans from cand	idate's personal fund	is.)
DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT OF	LOAN
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDIDATE (If Applicable		
			\$	14
			·	
				·
	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIO In must be reported on Schedule E — In-kind Contributions		\$	
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	, D	\$	PAID
(Loans forgiver	n must be reported on Schedule E – In-kind Contributions) .)	AMOUNT RE	PAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RE	PAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	AMOUNT RE	PAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CAS	RELATIONSHIP TO CANDIDATE* (If Applicable of	AMOUNT RE	PAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable of	AMOUNT RE	PAID